

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/007668

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		①					52						
3		①					53						
4		①					54						
5		①					55						
6		①					56						
7		①					57						
8							58						
9		①					59						
10		①					60						
11		①					61						
12		①					62						
13		①					63						
14		①					64						
15							65						
16		①					66						
17		①					67						
18		①					68						
19		①					69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	18						TOTAL DEP.						
TOTAL CLAIMS	22						TOTAL CLAIMS						

BEST AVAILABLE COPY